PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number Bollog. 70012, US

| (Column 1) (Column 2) | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|--|----------------------------------|------------------|--|------------------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS | | | | | RATE | FEE | 7 | RATE | FEE |
| FOR | | NUMBER FILED | NUMB | ER EXTRA | BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | | minus 20= * | | \$ | X\$ 9= | <u></u> | OR | X\$18= | |
| IN | DEPENDENT CLAIMS | minus 3 = * | | 3 | X42= | | OR | X84= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | +140= | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | TOTAL | 375 | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | L3/- | | | OTHER THAN | |
| | (Column 1) | SMALL | | OR | SMALL | | | | |
| AMENDMENT A | REMAINING AFTER AMENOMENT | PRI | IIGHEST IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total + 03 | Minus ** | 20 | -83 | X\$ 9= | 747.4 | OR | X\$18= | |
| | Independent * / C | Minus *** | S | = 7 | X42= | 336.D | OR | X84= | |
| L.J. | | | | | +140= | | OR | +280= | |
| + 2 × 1 | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | |
| <u>7</u> | 3-04 (Column 1) | | olumn 2) | (Column 3) | | | | | |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | N PRI | IIGHEST IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total */03 | Minus ** | 103 | = | X\$ 9= | | OR | X\$18≃ | |
| AME | Independent * / D | Minus *** | 10 | | X42= | } | OR | X84= | |
| L | FIRST PRESENTATION OF M | IULTIPLE DEPENDE | ENT CLAIM | | +140= | | OR | +280= | |
| | | | | | TOTAL | | OR | TOTAL | |
| 11 | 25-05 (Column 1) | (Ca | olumn 2) | (Column 3) | ADDIT. FEE | | O! I | ADDIT. FEE | |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENOMENT | H H | IGHEST IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total */03 | Minus ** | 103 | | X\$ 9= | _ | OR | X\$18= | , |
| | Independent + / | Minus *** | ID | | X42= | | OR | X84= | |
| L | FIRST PRESENTATION OF M | | ENT CLAIM | | +140=. | | OR | +280= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." | | | | | TOTAL ADDIT, FEE | | OP I | TOTAL ADDIT. FEE | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | |